COLORADO
Department of Health Care Policy & Financing

MINUTES OF THE MEETING OF THE COLORADO MEDICAID P&T COMMITTEE

Department of Healthcare Policy and Financing
303 E. 17th Ave, 11th Floor Conference Room

Tuesday, October 6, 2015

1. Call to Order

P. Lanius called the meeting to order at 1:00 p.m.

2. Roll Call

The Board Coordinator called the roll. There were sufficient members for a quorum with eleven members participating and two members absent.

A. Members Present

Roy Durbin, Patricia Lanius, Jennifer Hyer, Leslie Moldauer, Kimberley Jackson, Andrew Davis, Laura Rang, Anne Wells, James Feinstein, Steven Russell, and Deanna Tolman

B. Members Absent

Lynn Parry

C. Staff Present

Swaniee Grubb, PharmD
Nila Mahyari, PharmD

3. Announcements

S. Grubb announced term expirations for the committee members. She requested if a member would like to continue to serve to turn in a CV/resume and a conflict of interest no later than November 15, 2015. Approval of Minutes

P. Lanius asked for approval of the minutes from the July 7, 2015 meeting.
Department Updates

- PDL updates – S. Grubb, Pharmacy Benefits Section

- Hepatitis C agents
- oral anticoagulants
- bisphosphonates
- oral biguanides
- hypoglycemic combinations
- meglitinides
- newer diabetic agents (DPP-4, GLP-1, SGLT-2, amylin)
- thiozolidinediones
- erythropoiesis stimulating agents
- overactive bladder agents
- stimulants and other ADHD

- Prior authorization helpdesk call statistics – S. Grubb, Pharmacy Benefits Section
    - The prior authorization numbers from the previous month showed about the same. This being about 88% approvals and 12% denials.

P. Lanius presented guidelines for manufacturer and public presentations. Oral presentations will be restricted to products that are being reviewed for PDL status. Presentations will be limited to a maximum of three minutes per representative per drug product. Representatives will be called to present in the order in which they signed in by drug class. Presentations must be limited to verbal comments. No visual aids, other than designated handouts, are permitted. Presentations should follow the one page summary that was submitted to the Department. The audience will be considered a reference tool for the committee. The committee will discuss topics and audience participation will be allowed if P&T members ask for clarification. S. Grubb disseminated recently received public comments to the committee members.

Factual Inaccuracy:

During a Committee meeting, if a stakeholder believes that a factual inaccuracy has been stated by a Committee member, the stakeholder may hand a note to the Department representative or Committee Chair or Vice Chair. The stakeholder must provide the factual inaccuracy or a summary of the inaccuracy on the note. The Department representative will forward any comment to the Chair or Vice Chair. The Committee Chair/Vice Chair will then determine if there is need to publicly hear the inaccuracy prior to moving forward with motions and discussion. The Chair/Vice Chair will state the purported factual inaccuracy and will ask the Committee if they want to hear testimony regarding the factual inaccuracy. When providing

testimony, the stakeholder must provide evidence to support the claim of inaccuracy and cannot provide opinions on the drug class being considered.

A. DRUG CLASSES FOR REVIEW

1) Antiemetics

Public Testimony

R. North, Eisai, Akynzeo

S. Ring, Duschney, Diclegis

Board Discussion

The board discussed the newer information of side effects from ondansetron in pregnant women. J. Hyer stated she if needed will write 2 prescriptions one for the pyridoxine and one for the doxylamine and it has not been a problem. She also stated she rarely uses ondansetron anymore.

S. Grubb provided utilization, FDA updates, and current preferred products.

J. Feinstein motioned that one agent with pediatric indication be preferred. K. Jackson seconded. No discussion. All in favor, the motion passed with no audible dissent.

K. Jackson motioned to recommend alternate dosage forms be considered for those who cannot swallow such as liquids or ODT forms. J. Hyer seconded. No discussion. All in favor, motion passed with no audible dissent.

A. Davis motioned to recommend at least one antiemetic for the prevention of delayed nausea and vomiting be available. J. Hyer seconded. No discussion. All in favor, motion passed with no audible dissent.

D. Tolman motioned that based on safety data, a pregnancy category A antiemetic should be on the preferred list. J. Hyer seconded. No discussion. All in favor, motion passed with no audible dissent.

2) New generation antidepressants

Public Testimony

There was no public testimony regarding the new generation antidepressants.

Board Discussion

S. Grubb provided utilization, FDA updates, and current preferred products.

L. Moldauer motioned that there was no reason to prefer one agent over another based on safety since we acknowledge all the medications in this class have some safety concerns. J. Hyer seconded. No discussion. All in favor, motion passed with no audible dissent.

J. Feinstein motioned that at least two agents with a pediatric indication be available. L. Moldauer seconded. No discussion. All in favor, the motion passed with no audible dissent.

L. Moldauer made the motion that due to multiple mechanism of action we recommend most generics be available in this class. D. Tolman seconded. All in favor, the motion passed with no audible dissent.

L. Moldauer made the motion that at least one product with dual indication of pain and depression be preferred. D. Tolman seconded. No discussion. All in favor, motion passed with no audible dissent.

Recommendation to DUR: DUR review step therapy required for the diagnosis of OCD.

3) Antiherpetic agents

Public Testimony

There was no public testimony regarding the antiherpetic agents.

Board Discussion

S. Grubb provided utilization, FDA updates, and current preferred products.

S. Russell made the motion that for reasons of increasing compliance an agent with less frequent dosing for acute herpes zoster should be considered. K. Jackson seconded. No discussion. All in favor, the motion passed with no audible dissent.

4) Oral antiplatelet agents

Public Testimony

G. Hoetzer, AstraZeneca, Brilinta

Board Discussion

S. Grubb gave FDA updates, utilization, and current preferred products.

K. Jackson motioned that due to superior efficacy date in ACT, Brilinta should be a preferred agent. S. Russell seconded. No discussion. All in favor, motion passed with no audible dissent.

R. Durbin motioned that at least one agent be available for secondary stroke prevention. D. Tolman seconded. No discussion. All in favor, motion passed with no audible dissent.

A. Wells motioned that ticlodipine should not be preferred secondary to no treatment benefit. D. Tolman seconded. No discussion. All in favor, motion passed with no audible dissent.

5) Oral Fluoroquinolones

Public Testimony

There was no public testimony regarding the oral fluoroquinolones.

Board Discussion

S. Grubb gave FDA updates, utilization, and current preferred products.

K. Jackson made the motion that formulations for patients unable to swallow tablets should be available. J. Feinstein seconded. All in favor, the motion passed with no audible dissent.

6) Pancreatic enzymes

Public Testimony

A. Wilson, RD from National Jewish CF program

Board Discussion

S. Grubb gave FDA updates, utilization, and current preferred products.

The committee made an informational statement that these agent are not interchangeable due to the differing enzyme ratios, and additional consideration should be given to the vulnerability of this population such that any gaps in therapy of proven stable regimens put this population at greater risk and should include grandfathering any product the patient is currently on.

K. Jackson made the motion that these products be considered equal in safety and effectiveness and that two or more drugs in this class be preferred because of variability in enzyme component and patient response. J. Feinstein seconded. No discussion. All in favor, motion passed with no audible dissent.

Committee recommends that DUR review the current necessity of a 4 week trial of pancreatic enzyme products in the CF population because they are susceptible to unacceptable weight loss.

7) Proton pump inhibitors

Public Testimony

There was no public testimony regarding the proton pump inhibitors.

Board Discussion

S. Grubb gave FDA updates, utilization information, and current preferred products.

J. Feinstein made the motion that at least one agent for the pediatric population be available for consideration. J. Hyer seconded. No discussion. All in favor, motion passed with no audible dissent.

K. Jackson motioned that consideration be given to a variety of formulations for people with special needs (like trouble swallowing and feeding tube). J. Feinstein seconded. No discussion. All in favor, motion passed with no audible dissent.

8) Pulmonary arterial hypertension agents

Public Testimony

K. Lane, MSL, United Therapeutics, Adcirca, Tyvaso, Orenitram

M. Puyear, MSL, Gilead, Letairis.

Board Discussion

S. Grubb gave FDA updates, utilization information, and current preferred products.

K. Jackson motioned that at least one from each of the three classes (endothelin antagonists, prostanoids, and phosphodiesterase inhibitors) be preferred. No discussion. D. Tolman seconded. All in favor, the motion passed with no audible dissent.

9) Targeted immunomodulators

Public Testimony

L. Hill, Abbvie, Humira

P. McDermott, Celgene, Otezla

C. Kicklighter, Novartis, Cosentyx

C. Paap, Pfizer, Xeljanz

Board Discussion

S. Grubb gave FDA updates, utilization information, and current preferred products.

J. Hyer made the motion that at least agent approved for children be preferred. K. Tolman seconded. All in favor, the motion passed with no audible dissent.

L. Range made the motion that at least one oral agent for RA be preferred. D. Tolman. All I except one nay. The motion passed.

The committee made a recommendation to DUR to look at a patient being allowed to grandfather based on ACR guidelines with RA.

10) Triptans

Public Testimony

There was no public testimony regarding the triptans.

Board Discussion

S. Grubb gave FDA updates, utilization information, and current preferred products.

J. Hyer made the motion that a long acting agent should be considered for approval for menstrual related migraine. D. Tolman seconded. No discussion. All in favor, the motion passed with no audible dissent.

J. Feinstein made the motion that one preferred agent should have a pediatric indication. S. Russell seconded. No discussion. All in favor, the motion passed with no audible dissent.

J. Hyer motioned that at least one tablet, one injection, one inhaled, and one oral disintegrating formulation should be preferred. J. Feinstein seconded. All in favor, the motion passed with no audible dissent

11) The meeting was adjourned at 4:40

By: _____

Lynn Parry, MD, Chair

Date: _____

The next scheduled meeting of the Medicaid P&T Committee is at 1:00 p.m. on Tuesday, January 5, 2016 at 303 E. 17th Ave, Conference room 11ABC.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Committee Coordinator at 303- 866-3982 or kelli.metz@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.